

**UNITED STATES BANKRUPTCY COURT
EASTERN DISTRICT OF VIRGINIA**

**CASE MANAGEMENT/ELECTRONIC CASE FILING (CM/ECF)
SYSTEM**

**LIMITED PARTICIPANT REGISTRATION FORM IN
THE ROWE COMPANIES, Case # 06-11142-SSM
ROWE FURNITURE, INC., Case # 06-11143-SSM
STOREHOUSE, INC., Case # 06-11144-SSM**

Live System

This form is to be used to register for LIMITED FILING PRIVILEGES for filing documents via the Internet component of the Case Management/Electronic Case Filing system (hereafter CM/ECF), in the United States Bankruptcy Court for the Eastern District of Virginia. Limited filing privileges shall include the authorization to file via the Internet a Notice of Appearance. The limited participant will receive E-mail notification of any filing that occurs in the case. Additional privileges may be added at the discretion of the Clerk.

The following information is required for CM/ECF registration and **MUST BE TYPEWRITTEN**:

Name (First, Middle, Last): _____

Agency/Company _____

Mailing Address: _____

If Attorney, State of Admission
and Bar ID #

State: _____; Bar ID # _____

Voice Phone Number: (____) _____

E-Mail Address: _____

By signing and submitting this registration form, I agree to abide by the following requirements:

1. Signatures on Notices of Appearance shall be indicated by “/s/” and the typed name of the person signing in the following format: “/s/ Jane Smith” on the signature line. My password constitutes my signature.

2. The login and password for filing via the Internet shall be used exclusively by me and by any of my employees to whom I give authorization. I will not knowingly permit my login and password to be used by anyone who is not so authorized.
3. I will select and activate a new password in CM/ECF if an employee of mine who has been authorized to use my login and password no longer serves in such a capacity,
4. I will report any suspected compromise of my password to the Training Contact at the appropriate Divisional Office of the Virginia Eastern Bankruptcy Court.
5. Except as specifically waived by me at paragraph 7 below, I will abide by all of the requirements set forth in the "Administrative Procedures for Filing, Signing, Retaining, and Verification of Pleadings and papers in the Case Management/Electronic Case Filing (CM/ECF) System" currently in effect, and any changes or additions that later may be made.
6. When submitting this registration form by facsimile I will retain the originally executed copy and, upon request, will provide the original form for review.
7. Waiver from receiving E-mail notifications.

☐ **I waive service of documents and docket activity electronically.**

Applicant Name (*please print*)

Applicant Signature

Last 4 Digits of SS # (*for security purposes*)

Deputy Clerk Of USBC

Mail or fax this completed form to our Alexandria divisional office:

U.S. Bankruptcy Court
Attn: Data Quality Analysts
200 South Washington Street
Alexandria, VA 22314-5405

Fax: (703) 258-1208